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"NEC TENUI PENNA."

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

We give on another page a correspondent's account of some notable points concerning the meeting of sanitarians at Nashville.

The recent experience of our section in regard to yellow fever dwarfs the ordinary causes of mortality into insignificance, yet the Association wisely kept in view the general insanitary conditions operating at all times wherever human beings are gathered together. As was stated by one of their number, yellow fever is one of the minor ills according to registrars' reports. The influence of all epidemics combined is probably less wasteful of life than the every-day causes of disease, that notwithstanding, indeed on account of, our indifference make sad gaps in our ranks. The remedy common to all is to be found in the unremitting and intelligent performance of hygienic laws—personal, domestic, and communal.

Although these public-spirited gentlemen had an eye to all things that affect the general health, to our readers just now only the items relating to yellow fever which their labors brought to light will be interesting enough for insertion here. The following are extracted from President Cabell's address:

QUEST FOR A GERM.

The pathological histology of the blood of yellow-fever patients was the subject of very earnest and patient study by Dr. Sternberg, with the result of discovering a constant lesion of the white corpuscles, which, however, with a proper reserve he hesitates to announce as peculiar to yellow fever until he shall have had an opportunity of extending his observations to other fevers and allied affections. He is now and will for some time be engaged in making parallel observations on the blood of persons suffering from various diseases, especially febrile diseases. The lesion in question is a fatty degeneration of the white corpuscles not heretofore described, and is well exhibited in his numerous and beautifully executed micro-photographs of the blood of yellow-fever patients. His careful observations with the best instruments determined no other positive fact which was new to science, but they have an important negative value in disproving the assertions of other observers. Dr. Sternberg has also photographed certain crystalline bodies in the air taken from various localities in Havana, notably in the wards of the military hospitals under and above the beds of yellow-fever patients, which he is now investigating in the same manner by comparison with the forms found in the air of hospitals and other places in various parts of the United States. If it be found that these crystals have not heretofore been described and that they are peculiar to the air of places infected with yellow fever, the observation will be an interesting acquisition to science, and may lead to valuable results. . . .

LESSONS OF THE EPIDEMIC OF 1879.

Among the lessons taught by this summer's experience I may cite a few propositions as having been established on evidence more or less satisfactory:

1. That in yellow fever, as in most other infectious diseases, unrestricted family intercourse is one of the most fruitful means of spreading the seeds of the infection, and by this means the disease may be carried from a focus of infection to a previously uninfected locality, where a new focus may be developed.

2. That when prompt notice is given of a case thus imported into a previously uninfected place, proper measures energetically employed will generally suffice to arrest the spread.

3. That even when the outbreak has assumed the dimensions of an epidemic it is possible by measures rather difficult of execution, and requiring not only the strong arm of the law and the use of the public funds, but also the willing consent of the population, to stamp out an existing epidemic by removing all the unacclimated portion of the population, and preventing the introduction of any such material from without. . . .

Original.

REPORT OF SURGICAL CASES.

BY E. KEMPF, M. D.

CASE I: *Gangrene—Amputation.*—In November, 1878, I was requested by Dr. C. Knapp to visit a patient of his who had injured his arm in a saw-mill. While attending the mill the patient slipped and fell in front of the circular saw; while arising his forearm was cut immediately above the wrist-joint; the radial and the ulnar arteries were torn, and the ulnar bone was partly crushed. About an hour after the accident Dr. Hutchinson dressed the wound, tied the arteries, and gave the patient an anodyne. I saw the patient on the following morning, and as there was no bleeding and no swelling, and as the hand looked well—*i. e.* circulation seemed to go on, and nerve action was sufficient—I advised the use of carbolic acid dressings and internal antiphlogistic treatment. Undoubtedly the smaller arteries, that were expected to carry on collateral circulation, were injured; but as they were torn through they did not bleed. Primary amputation, which lack of experience did not suggest, should have been performed. I heard nothing of the case for five days, when Dr. Knapp informed me that gangrene had attacked the arm and that it had to be amputated. On our arrival at the patient's bedside we found the hand and wrist below the injury gangrenous, and part of the arm, from above the injury to four inches below the elbow-joint, edematous and highly inflamed. The cephalic vein was attacked with phlebitis up to its termination. The question now arose, where should we amputate? Amputation below the elbow we did not think advisable on account of the unhealthy condition of the tissues, and amputation immediately above the elbow-joint would not promise success on account of the phlebitis. The patient leaving it to our better judgment, Dr. Knapp amputated through the middle of the humerus by the circular method. The patient recovered with a healthy stump, the ligature on the brachial artery coming away on the eighth day.

CASE II: *Frozen foot—Amputation.*—During the cold term of January, 1879, P. S. walked a distance of nineteen miles through snow and ice-water. When he arrived home he found that he could not pull off his boots, they being frozen to his feet. In order to facilitate thawing he put his "boots, feet and all" into warm water; the result was gangrene of both feet. Dr. J. was called in. He removed the gangrenous skin from the right foot and applied benzoated oxide of zinc ointment and camphor spirit. The left foot had to be amputated, and Dr. Knapp and myself were called in consultation. We found the toes of the left foot gangrenous, and the line of demarcation formed near the metatarsophalangal articulation, about an inch toward the ankle-joint. The foot and leg to near the knee were edematous, and the circulation in the foot was sluggish. Not thinking it advisable to wait longer, the foot was amputated by Chopart's method by Dr. Knapp. The treatment for the right foot was continued, and the left foot was properly dressed. The patient made a good recovery.

CASE III: *From Dr. M. Kempf's note-book.* W. had his thigh and leg terribly lacerated by a mowing-machine. I saw the patient in consultation with Drs. H., S., B., and R., seven hours after the occurrence of the accident. The wound was frightful. The shears of the machine had literally torn integument, muscles, arteries, and nerves from the bones, minced and inverted them. The thigh was fractured at about the middle. Other injuries were also inflicted on the sufferer; one on the left breast, near the precordial region, was considered dangerous. Mr. W. had not recovered from the shock, though he had been placed on a comfortable lounge in a cool room. Stimulants and anodynes had been given to rouse the heart and soothe the nervous system. After mature consideration the consulting physicians concluded that the raw surface of the injured thigh and leg exposed to the irritating influence of the atmosphere being so large, amputation, instead of still more depressing the system, would relieve it. The patient being under the influence of chloroform, I accordingly amputated the thigh at the upper third by flap operation. As the chloroform appeared to soothe the nervous irritability of the sufferer, and thus partly to relieve the shock, the patient was kept under its influence. The large arteries having been ligated, the tourniquet was slackened. Hardly any capillary hemorrhage ensued, which was of course an unfavorable symptom. One vessel of considerable size caused us trouble. Drs. S. and H. held that it was a vein, because it neither bled nor retracted. Drs. R., B., and myself claimed that it was an artery, because its walls were thicker than those of a vein, and because its mouth, instead of

being collapsed, was thick and open. Still, as the system had somewhat reacted, and as the vessel did not bleed, it was not ligated. After three hours and a half the wound, being well glazed, was brought together with sutures and adhesive strips. A compress and bandage were applied. Fifteen minutes afterward, the patient having recovered from the influence of chloroform, and the circulation being good, the stump commenced bleeding. The dressings were removed and the sutures opened. The source of hemorrhage proved to be a branch of the profunda femoris, the vessel about which the dispute had arisen. The jet of blood told us now what it was. The artery was ligated and the stump dressed again. The occurrence was as unfortunate to the patient as it was disagreeable to the physicians. The loss of blood, the fatigue, and the pain still more depressed the already exhausted vital powers, and half an hour afterward the patient cried out, "I am suffocating!" In ten minutes he was a corpse. No autopsy was allowed, and therefore it could not be ascertained whether the patient's death was due to the chloroform, to the shock, or to internal injuries of the organs of the left thoracic cavity.

Comment.—We must all profit by experience, and it is the unsuccessful cases that make the most lasting impression; therefore I think such cases should be reported.

FERDINAND, IND.

Correspondence.

LONDON LETTER.

FROM OUR OWN CORRESPONDENT.

To the Editors of the Louisville Medical News:

The news of the death of the late Mr. Callender, of St. Bartholomew's Hospital, has been received here with great regret. Coming so early in life, and occurring to a man who had all the appearance of robust health, and who had just attained one of the very highest positions in his profession, and seemed likely to enjoy it for many years to come, the event has appeared to be almost tragic. Callender was so well appreciated, and had been received with such marked distinction in America, that his death just after leaving your shores has no doubt produced a great impression. He was very popular among students at his hospital, although always retaining a certain loftiness of manner which had obtained for him the name of the "Royal George." His colleagues were of opinion that he rather overstated his success, and the letter from Mr. Luther Holden to one of the medical journals shortly after the publication of Callender's last paper in his St. Bartholomew's Hospital reports frankly expressed the opinion and drew from Callender the admission that the statement he had made was at least open to misconstruction, and that certain cases of septicemia had been eliminated from his list for reasons which he had explained, but which, in the opinion of his colleagues, were insufficient. Nevertheless the extreme care with which he conducted all his dressings has almost created a school in surgery and exercised a most excellent influence over all the students. His death leaves a gap at St. Bartholomew's Hospital; for Mr. Savory, however brilliant as a surgeon and as a speaker, is not much followed as a clinical teacher, and indeed hurries through his wards so quickly and gives so little attention to systematic teaching that his surgical rounds are but little attractive either to students or to foreigners. Savory is a highly gifted man, an able experimenter, a philosophic surgeon, a man of fine presence, and an orator of rare eloquence and singular power of influencing his auditory. He speaks with the facility and elegance and aptness and a power which the greatest orators rarely excel, and he never fails to produce a profound impression whenever he appears in public. The orations which he delivers are carefully studied, accurately polished, and delivered from memory without a misplaced word, and with an appearance of spontaneity which is the result of acquired skill attained by long study. Independent in character, possessing a private fortune, for many years a distinguished Fellow of the Royal Society, and early in life becoming one of the surgeons of the greatest hospital medical school in Great Britain, he has achieved a brilliant official success. Nevertheless he has never been followed in the wards largely by the students, and he has never been a favorite consultant with general practitioners or with the public. But rare is it to find combined in one person all the qualities which secure success all round. The remaining surgeons at St. Bartholomew's are not at present men of any marked distinction. Mr. Luther Holden, the senior surgeon, an accomplished anatomist, a most amiable man, also a man of large fortune and handsome presence, has never succeeded in obtaining success in practice, and for many years has

practically been little before the public or the profession as a surgical practitioner. Of the young men of Bartholomew's, Willett, Langton, and Morant Baker are names only known as belonging to the staff of St. Bartholomew's Hospital, and not connected with any kind of surgical distinction at present. Howard Marsh, another member of the staff, has been more active surgically, and is better and more favorably known in practice, well educated, and now for the first time has joined the staff as junior assistant surgeon. He has already done good work in pathology, and is likely to take up a prominent position. Otherwise it must be said that the surgical staff of St. Bartholomew's Hospital just now is very far from strong. Nor can much more be said for its medical side. Andrews, Southey, Gee are names of no great distinction, Gee having, however, the great merit of being an excellent clinical teacher. On the other hand, by its taking from other schools such men as Brinton, Matthews Duncan, and Klein, the authorities of St. Bartholomew's have skillfully strengthened their school; and by the lavish outlay which they are now making of eighty thousand pounds in improving their school-buildings and museum, and by the addition of a strong junior staff, they are attracting a great body of students, so that the entry this year at that school amounts to between one hundred and forty and one hundred and sixty, the largest entry ever known at any one medical school in London. The poorness of the clinical teaching becomes therefore a very serious matter, for it is quite certain that with the present staff and the present mode of clinical teaching the students who will go out from St. Bartholomew's during the next few years are not likely to be thoroughly well taught in clinical subjects; and this is a very serious matter. It is one which has been discussed in the press, and is one as to which some steps will probably have to be taken by the authorities of the school. The new buildings were opened this week by the Prince of Wales. Sir James Paget and Sir George Burrows were there, the latter looking very old, but still hale and hearty, and the Princess of Wales, who made her first appearance on this occasion in the hospital, was heartily cheered by the students in the quadrangle.

M. Pean, of St. Louis Hospital, Paris, is this week in London, accompanied by M. Brochin, his assistant, the editor of the *Gazette des Hospiteaux*. He has come over to see some ovariotomies performed by Mr. Spencer Wells, Mr. Knowsley Thornton, and Dr. Robert Barnes. He has also been to King's College to see Prof. Lister. M. Pean has expressed to more than one person his surprise and pleasure at the cordial good feeling which prevails among all the great surgeons in London, and at the excellent arrangements made to secure success in operating by well-skilled assistants and accurate modes of operating. He confesses that until he saw Lister perform his dressings he did not really know what the Lister method meant, looking upon it rather as a carbolic-acid dressing than as a preventive method. He will take back to Paris the precise directions of Lister and the precise solutions which Lister employs and the methods of creating the antiseptic system of filtration of germs by which Lister aims at preventing suppuration in all cases in operative surgery. The surgeons in Paris are very much divided in feeling, and nothing has surprised M. Pean so much as to find that surgeons in England, however publicly opposed to each other in doctrines or in teaching, are cordially united in friendship and ready to meet on a neutral ground. Thus M. Pean expressed great pleasure and surprise at whom he met at the table of Mr. Ernest Hart during his short stay in London, united to welcome him—Mr. Lister, Mr. Savory (the recent antagonists on the subject of antisepticism), Mr. John Wood (over whose head Mr. Lister was promoted to the professorship of clinical surgery in King's College), together with such men as Erichsen and Curling of the senior generation, who all welcomed Lister with cordial good feeling and without any of that bitter personal rivalry which in many continental cities splits up medicine and surgery into a variety of hostile camps. This is indeed one of the best features of our professional system. Personal enmities are discouraged, and those who entertain or foster them are ill-regarded. It is well understood that professional unity is essential for progress, and that there should be no place for personal quarrels among men who, under whatever banners, are all fighting for the same cause.

There has been a very disagreeable affair in London between Dr. Morrell Mackenzie and Mr. Pugin Thornton. The latter gentleman, from an imaginary cause of offense, took upon himself on meeting Dr. Mackenzie in the street to assault him with a stick. He seems to have taken this surprising course with so little consideration that within forty-eight hours he wrote a let-

ter of apology expressing his regret and stating that he had learned that the alleged cause of offense did not exist. This has not prevented one of the so-called society papers giving a very unpleasant version of the affair; and just at this moment the editor of that journal has been called upon to apologize, or, failing his apology, an action will be brought. It is very rarely that any such incidents occur in this country; indeed I can not call to mind any such incident having ever occurred in the profession; and it will not add to the reputation of staff hospitals that both of the gentlemen concerned in this most unpleasant affair are connected with the hospital in Golden Square—a hospital which has more than once had very unpleasant prominence given to it, and has attracted a good deal of censure for various reasons. In this matter Dr. Mackenzie appears to be wholly blameless.

The societies have not opened with any great brilliancy, the most interesting matters brought before them being some cases by Dr. Ord belonging to a kind of disease of which he has been the first to give a clinical portrait, and which he calls mycedema. Attention has also been called to this condition by Sir William Gull, who described it as a cretinoid condition. It differs, however, essentially from cretinism, as the accurate accounts and admirable picture of the disease given by Dr. Ord fully show. There are three cases of this disease now in St. Thomas's Hospital. In its first stages it is marked by a gradual thickening of the fibrous tissue of the lips, of the alæ nasi, and of the eyelids and forehead, a general flattening of the features, a peculiar mucoid degeneration of the skin, giving to it a glistening whiteness which shows up all the more vividly the brilliant red patches of the cheek. In a later stage all these features become more marked, the hands become flattened and spade-like, the speech very slow indeed and indistinct, the thyroid gland slowly atrophies, the patient ceases to be able to move about, and finally the skin begins to atrophy, especially over the scalp and hands; mental alienation commonly occurs toward the close of the disease, and death follows. The pathological changes are those first of all of fibroid hypertrophy, and subsequently of atrophy and degeneration. The skin attains a considerable excess of mucin, and the kidneys, which in the earlier stages of the disease appear to be perfectly healthy, according to all the urinoscopic signs, at this last stage are found to be, like most of the other organs, in a state of fibroid degeneration. Dr. Ord has collected now a certain number of these cases of which the clinical features are so marked that the house surgeon and his colleagues have no difficulty in recognizing them and handing them over to him. He is, I believe, about to publish a complete monograph on the subject with colored portraits. Dr. Sanders, of Edinburgh, recently seeing one of these patients, stated that he at once recognized it as a clinical entity, although he had never done so before, and he could distinctly remember three or four cases which had come under his care. I have no doubt that when Dr. Ord's monograph has been published this disease will be recognized as being by no means unfrequent, and it will be probably henceforth known, as I think it deserves to be known, as Ord's disease.

LONDON, November 6, 1879.

A CORRESPONDENCE WHICH EXPLAINS ITSELF.

In the LOUISVILLE MEDICAL NEWS of the 20th September there appeared in a letter written by me, from Paris, the following paragraph:

> Prof. Charcot showed a number of crayons and photographs of rare cases of hysterical epilepsy and other neuroses, and he said: "One of your countrymen, in a work upon diseases of the nervous system, reproduces these in his book, and with my descriptions, but he forgot to mention that they were mine." A distinguished American *confrère* here tells me that he recognizes in the patients of the Saltpetrière the originals of our countrymen's plates. It is sad indeed to think that science does not entail honesty; but neither are poetry and painting more potent, and even religion in the case of Abraham, Isaac, Jacob, and St. Peter failed to compel veracity.

Soon after my return to America, in October, I wrote to Dr. Charcot and sent a copy of my published letter. His reply is given below. Since Dr. Charcot is confident that I misunderstood his remarks, and that my statement of his language is incorrect, I withdraw at the earliest practicable moment the offending paragraph.

LUNSFORD P. YANDELL.

[Translation.]

PROFESSOR YANDELL, *the Louisville Medical News, Louisville, U. S. A.:*

My dear sir and much esteemed colleague:

Upon my return from the vacation I find the letter which you have done me the honor to address to me, and at the same time the article in the LOUISVILLE MEDICAL NEWS of September 20th, which contains a paragraph

concerning Prof. Hammond. I regret very deeply, my dear colleague, that the few words which we exchanged, at the time of the very courteous visit you paid me, at the Hospital de la Saltpetrière, . . . should have led to the publication of the paragraph in question. I have not preserved a very exact recollection of the words of our conversation, but I see that a misunderstanding has arisen between us. For this misconception I alone am responsible. It very certainly arises from the very imperfect knowledge (you have been able to judge of it) which I have of the English language. I am, you understand, very anxious to correct this misunderstanding.

I may have told you, because that is exact, that several of the plates which appear in my Lectures on the Diseases of the Nervous System appear likewise in the work on the same subject by Dr. Hammond; but it would have become me very ill to complain of these legitimate loans. Indeed in his book Prof. Hammond has not failed to acknowledge, and to point out, generally very explicitly, the source whence came the plates in question. That is a fact which I had been able to establish formerly, which I have just verified anew by an examination *ad hoc*, and of which you can easily convince yourself if you will kindly turn, for instance, to figures 77, 78, 87, 88, 97, 98, 101, 104, 105, and 106 on the plate page 640 of the sixth edition of the treatise of Dr. Hammond (New York, 1876), as well as to the explanations in the text relating to them. These, much esteemed and dear colleague, are the facts in the case. I should feel very grateful to you personally if you would be pleased to make them plain by publishing the present declaration in one of the next numbers of your estimable journal; for it has become very important that, as far as the point at issue is concerned, entire justice be done to Prof. Hammond.

Permit me in closing this letter, much esteemed colleague, to thank you for the very friendly account which you have given to your readers of your visit to the wards of my hospital. I should be happy if circumstances would permit me, some time or other, to prove to you in America that the facts established by you among my patients may be likewise observed among yours, and that, in a word, in the two worlds the same laws govern the hysterical phenomena.

Be pleased, my dear sir and much esteemed colleague, to accept the assurances of my highest regard and of my kindest recollection. CHARCOT.

17 QUAI MALAGNAIS, PARIS, November 1, 1879.

"THE SANITARY BOOM" AT NASHVILLE.

To the Editors of the Louisville Medical News:

The meeting of the American Public Health Association went to work Tuesday morning, November 18th. Your correspondent found himself in the goodly company of several hundred members from all points of the compass, thrown together with a common interest. It was felt that the result of its action would be important to the progress of state preventive medicine; hence an attendance largely in excess of that which usually gathered to the former meetings of this staid and highly respectable body. It had somehow escaped into the air that there might be a dispute as to the value of the methods as well as the form of organization of the National Board of Health. From cities whose plans clashed with those of the Board, as well as from ambitious individuals seeking advancement through the trials which the Board was expected to undergo, we looked for opposition. It was apparent at the very start that the convention would be intolerant of criticism inspired by such motives. As a member from Tennessee remarked, it was "a sanitary boom," and malcontents quietly slipped aside. Abuse and contumely were doubtless plentiful, though they spent themselves in secret; and indeed my knowledge of them is only conjectural.

We assembled at the capitol building, from whose high porticoes could be seen stretches of varied landscape broad and free enough to drive out all thoughts not generous and patriotic.

Dr. J. S. Billings, whose labors are held in high esteem, and who later received his reward in an election to the presidency, made a short report upon the surgeon-general's library at Washington. It is the largest exclusively medical library in the world, embracing over fifty thousand volumes and about the same number of pamphlets. Of the latter about twelve thousand volumes are medical journals and transactions of societies, all the important papers in which are to be indexed both by authors and subjects, so that they can be found without difficulty. The work of printing the catalogue has been commenced, and the first volume will be ready in May. The complete work will embrace between ten and twelve volumes, and will be of incalculable benefit to the entire medical profession, and through them to the general public.

Col. George E. Waring, of Newport, R. I., read a paper on "The Drainage and Sewer-

age of Cities." His object was to present what seemed to him a perfect method of city sewerage, one which would serve as a standard of comparison. He advocated a system which by surface-drainage would get rid of storm-water by street-gutters. Sewers were to be used for the collection and removal of foul waters only. This implies that the streets must be kept clean by sweeping. The pipes should be made of vitrified clay with tight joints, and should be as small as possible, to avoid stagnation of filth and diffusion of foul sewer-gas. Flush-tanks provide for frequent flushing and complete cleansing. Even low-lying cities and towns might be thus treated by discharging into deep artificial outlets, from which pumps could remove the sewage, to be used as fertilizers. The closing paragraphs of his paper touched the point which more than any other occupied the minds of members. As Col. Waring has a national reputation for scientific culture, and especial familiarity with drainage problems, and was fresh from a survey of Memphis, I give these remarks in full:

I trust that as I am neither a Southerner nor a physician I may be excused for attaching more importance than many of you probably do to the proper drainage and cleansing of a city, and to the proper disposal of its outflow, than to any system of quarantine. My knowledge of the history of the yellow fever epidemics in this valley is infinitely less than yours; but I feel warranted, and I take my warrant from the history of the plagues which devastated the filthy mediæval cities of Europe, and from my own knowledge of the want of cleanliness and want of drainage in the city of Memphis, in venturing the suggestion that even that fever-smitten town may be made an impossible field for the invasion of yellow fever in an epidemic form.

While yellow fever is for the moment uppermost in all our minds, and while its sudden and more fatal outbreak strikes the public imagination with peculiar force, we should as sanitarians never lose sight of the fact that it is one of our minor diseases; that indeed along the banks of the Mississippi River far greater mortality and infinitely greater disability results from the constant operation of diseases which should come equally within our purview, and which are equally preventable by measures of sanitary improvement.

In the subsequent discussion Dr. Lloyd Howard, of Baltimore, combatted the idea that sewers would banish yellow fever from Memphis. If quarantine was to be abandoned and the sewerage fallacy taken up entirely they would find themselves vastly mistaken. It had been demonstrated that yellow fever could prevail in a town which was clean. He believed in strict quarantine.

Dr. Howard's remarks elicited marked applause, and at the close of the debate Col. Waring felt called on to clear up a mistaken impression on the part of his audience. He was not opposed to quarantine, but held that a cleanly condition would aid quarantine. This explanation met with signs of general approval, which showed plainly that as to the value of the measures instituted to fence out the yellow fever there was but one opinion.

It was surprising to one accustomed to the disputatious way of doctors to find here at last one thing upon which general opinion was settled. In all the subsequent discussions, however varied the views held as to original source, as to whether or not it might spring *de novo* from conditions present on this continent, all agreed that the infection could be carried, and that judicious and authoritative systems of inspection and aeration of passengers and detention of cargoes were of real value.

If you can find room in your next issue this report will be continued. H.

To the Editors of the Louisville Medical News:

In my article, entitled Simple Perfected Test for Sugar, I neglected giving the composition of Haines's solution for comparison with mine. The following is all that is said of it in Wheeler's Organic and Medical Chemistries (p. 187 in both books): "Prof. W. S. Haines has found in glycerine a very desirable substitute for the tartrate in Fehling's test. The proportions employed by him for *qualitative* examinations are: Cupric sulphate, thirty grains; potassic hydrate, one and a half drams; pure glycerine, two fluid drams; distilled water, six ounces."

This is a beautiful marine blue solution, which answers very well for *qualitative* analysis, but after standing but a short while the copper becomes oxidized and is precipitated.

In your last number I find a note from Prof. Haines stating that he uses his solution as a quantitative test in the proportion of Fehling's solution. This solution is, of course, open to the same objections urged above; namely, the precipitation of the copper on keeping, thus changing the proportion of its constituents and making it unfit for quantitative purposes; a fact which is not denied, and of which any one may convince himself who will make the above solution.

After instituting a series of experiments lasting several weeks, I discovered that a simple solution of copper in glycerine remained unaltered indefinitely, and the com-

mon liq. potassa added to this, as in Trommer's test, gave as brilliant results as could be desired. I therefore made a simple and reliable quantitative solution, which also answers qualitative purposes perfectly, in the proportion named in my above-mentioned article.

Accompanying Professor Haines's note is something like a criticism from one of those faithful defenders of science whom George Eliot aptly terms "watchdogs of knowledge." Perhaps we need such a mentor in Louisville. Our mentor is, however, unlucky in his chemical lore; he says that "even a tyro in chemistry knows that any copper test for sugar which can be used for qualitative purposes can also be used for quantitative determinations." For answer I must refer the professor to elementary works upon organic chemistry describing a test called "Trommer's test," which every "tyro knows" can *not* be made quantitative for the urine.

The rest of the criticism referred to, every one must admit who has read it, betrays considerable confusion of mind on the part of the writer, so that I fear I can not enlighten him further than by earnestly suggesting a calmer and more careful perusal of my article entitled Simple Perfected Test for Sugar.

L. S. OPPENHEIMER.

Reviews.

A New Theory in the Mechanism and Proper Treatment of Uterine Displacements. By GEORGE COWAN, M. D., Danville, Ky. Read before the Kentucky State Medical Society, May 15, 1879. Reprint from American Practitioner, November, 1879.

The author bases his views principally on the law of hydrostatics, that the pressure of liquids is transmitted equally in every direction. He applies the law in this way: The axis of the uterus in the pelvic cavity meets that of the body at an obtuse angle (about eighty-three degrees, after Breisky's dissection). The great part of the intestines, with their fluid, gaseous, and pultaceous contents, lie in the lower abdomen, in front of the pelvic contents, and by their hydrostatic pressure support the uterus by floating it backward and slightly upward, "somewhat as a kite rides up against a transverse or slightly-ascending current of air, or as a buoy floats in water." He does not believe that the uterus has any true suspensory ligament; that its ligaments are simply lateral supports, and that the vagina offers no obstacle to prolapsus. In short, he maintains that the hydrostatic support is the only upward support of the uterus capable of demonstration.

Another point of importance in this paper is the *treatment*, which is wholly mechanical, the author preferring the lever pessary and the abdominal supporter to all other methods. He offers a very plausible theory of the mechanical action of the lever pessary, which we find is accepted also by Goodell in the last edition (August, 1879) of his Lessons in Gynecology. By this hydrostatic and abdominal pressure the lower limb or "long arm" of the pessary is forced downward and backward toward the rectum, at the same time tilting the upper or short arm forward and upward against the body of the retroverted or flexed uterus, thus making a movable, adjustable lever.

On the other hand Dr. Bozeman, in The Mechanism of Retroversion and Prolapsus Uteri, takes the ground that this force, believed by Dr. Cowan to be a *supportive* one, is in reality the *expulsive* force, as shown in these words: "The *expulsive forces* are those which arise from the descent of the diaphragm, as in inspiration, and the contraction of the abdominal muscles, as in defecation. The forces developed by the contraction of these muscles act upon the uterus through the superincumbent abdominal organs, and in a line corresponding somewhat to the axes of the pelvic cavity. They are also regular and constant in their operation."

"The *counteracting forces* are: (1) Those which arise from the vesico-vaginal and the recto-vaginal walls, (2) from the sacro-uterine ligaments, (3) from the broad and round ligaments, (4) from the pelvic peritoneum and subperitoneal and areolar tissue, and (5) from the perineum."

According to Dr. Bozeman, the treatment should be constitutional, local, and mechanical. For mechanical treatment he has devised a peculiarly-formed pessary, which he terms "a vaginal support," intended to support the uterus and vaginal walls, at the same time preserving their normal relationships.

Prolapsus and other displacements therefore, according to Dr. Cowan, are due to the relaxation of the abdominal walls, and consequent insufficient hydrostatic pressure on the bladder and uterus. In this way he explains the *modus operandi* of abdominal supporters.

L. S. O.

DR. FRED'K MOHR, of Germany, is dead.

Formulary.

ERGOT IN PHARYNGITIS.

In chronic pharyngitis, where the blood-vessels of the pharynx are enlarged and tortuous and the secretion moderate, Dr. Dabney reports (American Journal of the Medical Sciences) excellent results from the following:

℞ Ergotinæ ..... gr. xx;
Tinct. iodinii ..... fl. ℥j;
Glycerinæ ..... fl. ℥j. M.

Sig. Apply to the pharynx freely twice daily with a camel's-hair brush.

TO EXPEL ASCARIDES.

Dr. Guichon, of Paris, France, gives the following:

℞ Santonini pulveris ..... ℥j;
Resinnæ jalapæ ..... gr. ij;
Chocolati ..... ℥j.

Mix and divide into thirty powders.

Give one in the morning, on an empty stomach, to an infant two years old; two or three to older children. Also use:

℞ Aloes barbadensis ..... ℥ss;
Potassii carbonatis ..... gr. xv;
Decoctii amyli ..... ℥ x. M.

To be used as an injection in ascarides of the rectum.—*Southern Medical Record.*

INHALATION OF EUCALYPTUS OIL.

Dr. Mosler, of Greifswald, in *Berli. Klin. Woch.*, strongly recommends oil of the leaves of eucalyptus, administered by inhalation, as a remedy for pharyngeal diphtheria. The strongest dose which he has given was according to the following formula:

℞ Oil of eucalyptus leaves ..... 5 grams;
Rectified spirit ..... 75 "
Distilled water ..... 170 "

To be shaken and used for ten inhalations.

In this dose the medicine was inhaled four times daily, for ten or fifteen minutes each time, by a patient suffering from bronchitis and chronic laryngitis. It produced no troublesome effect, but acted as a powerful expectorant.

Another formula employed by him was:

℞ Oil of eucalyptus leaves ..... 2 grams;
Rectified spirit ..... 20 "
Distilled water ..... 180 "

For ten inhalations.

This was given with the best effect in a case of croupous pneumonia in the stage of defervescence, with residual infiltration of right upper and middle lobes. It was inhaled four times without any bad effect.

A still weaker preparation is:

℞ Eucalyptus oil ..... 1.5 grams;
Spirit of wine ..... 15 "
Water ..... 200 "

Has been used by him in several cases of nasal and pharyngeal catarrh, and also in a case of acute pharyngitis accompanied by slight laryngitis, with good effect.

Dr. Mosler is engaged in further researches on the action of inhalation of eucalyptus oil in affections of the respiratory organs.—*British Med. Jour.*

Books and Pamphlets.

LACERATION OF THE CERVIX UTERI. By A. R. Jackson, A.M., M.D. Read before the Chicago Medical Society, July, 1879. Reprint from the Chicago Medical Journal and Examiner, August, 1879.

The author gives a *résumé* of twenty-three cases operated upon for this malady according to Emmet's method. He believes, with Goodell, that fully one seventh of uterine ailments are due to laceration of the cervix. His cases all got well after the bloody operation. Other eminent gynecologists do not think that this is such a common disorder, nor that a bloody operation is always necessary. The paper by Dr. Jackson, however, when joined to Dr. Emmet's views, are very strong arguments against the latter. O.

HISTORY OF THE DISCOVERY OF ANESTHESIA. By J. Marion Sims, M. D., M. A., LL. D., 267 Madison Avenue, New York. From the Virginia Medical Monthly, May, 1877. New York, 1879.

The object of this pamphlet is to establish the name of Crawford W. Long, M. D., of Athens, Ga., as the Discoverer of Anesthesia, and to ask the medical profession to petition Congress for a liberal appropriation for his family and those of his co-workers, Wells, Morton, and Jackson. O.

LAST week the French Anthropological Society received as a present from the venerable savant, Dr. Broca, two heads of Canaques preserved in spirits of wine. One is that of Altai, the insurgent chief, and shows great intelligence and energy; and the other that of a medicine-man.—*Exchange.*

[It is a remarkable head that shows great intelligence and energy after removal from the body and preservation in alcohol.]

Miscellany.

A SALT MOUNTAIN IN SAN DOMINGO.—Europe has its subterranean salt-mines, of which the saline springs were, till lately, used by gradually evaporating the brine pumped over brushwood, where a strong current of air contributed to its evaporation till it became sufficiently strong for the salt-pans. A brine containing only one fifth per cent of salt was thus concentrated to a strength of from fifteen to eighteen per cent. This brine was rapidly evaporated by artificial heat, a considerable deposit of sulphate of soda being formed, which was from time to time removed, leaving the crystallized salt behind. This process of brush-evaporation has been entirely abandoned since the discovery of solid salt deposit by boring at a comparatively easy depth. Saxony, the Salzkammergut in Austria, and Wieliczka, the south of France, Droitwitch and Chester in England, yield immense quantities of rock salt, but nowhere in the world have the convulsions of the earth thrown out such enormous masses as in the island of San Domingo. Here a mountain more than nine miles in length, and from one half to three quarters of a mile in width, of a height of from one hundred to seven hundred feet, is composed of solid layers of salt, nearly pure and ready for use. The inhabitants have used this for hundreds of years; and though Humboldt mentioned this phenomenon at the commencement of this century; though many other explorers, notably Sir Robert Schomburgk, have spoken about the commercial value of this heap of condiment, no serious efforts have been made until lately to turn this source of profit to account. That this neglect has continued during the last decade is perhaps to be attributed to the unfortunate speculation with which the name of San Domingo has been coupled. Lately a company has been formed in this country to work these mines in connection with American capitalists, for which the Dominican government has granted concessions. The quantity of salt in sight is reported to be inexhaustible, and the labor necessary to extract it is that of simple quarrying. This mountain is about fifteen miles distant from the town of Barahona, on the Bay of Neyba, where vessels of the largest tonnage can find safe shelter and anchorage near the shore. A railway to connect this port with the mine is contracted for, and the necessary jetties will soon be commenced.—*Scient. Amer.*

IRISH "CROWNERS" LAW.—Some remains, supposed to be those of a child, were found last week in the ceiling of a house near Kilkenny. An inquest being held, two of the jurors expressed their doubt that the bones were human, and wished to have a medical opinion on that point, but the coroner objected, stating that there were persons present who were satisfied that they were human remains. The charge of the coroner is reported in the local paper in the following terms: "Gentlemen, you have heard the evidence. We can not find by whom the child was left there, but it was *illegal and unlawful to find it there.* Neither can we learn was it alive or not, nor its sex. It must have been there a long time. I have drawn up the following verdict, which I think you will agree to, viz: 'That the remains were found illegally and unlawfully concealed by some person or persons to us unknown. From the size of the skull and bones we believe them to have been a full matured infant at its birth; from the years of decay unable to say whether male or female.'"—*Med. Press and Circular.*

DRUGGISTS.—A legitimate outgrowth of the persistence by some druggists in the giving of gratuitous medical advice, that by so doing they may more readily dispose of their drugs, is making itself quite apparent in the agitation of the question whether it would not be advisable for physicians to dispense as well as prescribe remedies.—*Ex.*

KUMYS.—C. A. H. De Szigethy, M. D., in Proceedings of the Medical Society of the County of Kings:

This fermented-milk preparation is generally known by the name of kumys, without any regard to the kind of milk from which it is prepared, although the Tartars designate by kumys only that preparation obtained by the vinous fermentation from the mare's milk, that from cow's milk airen or arjan. . . .

From among the many complicated and laborious methods of preparing the kumys I select two which I have found to be the simplest, so that those who can not procure any of a standard quality may have the benefit of a tolerably good substitute.

Take about nine liters (five quarts) of freshly-milked cow's milk, two hundred and fifty grams (one half tt.) of white or of grape sugar, and heat it to 30° or 32° C. (86° to 90° F.), then add about eight grams (two drams) of compressed yeast, and stir for a

few minutes. After this bottle the same into champagne-bottles, but do not fill the bottles up to the cork. The bottles must then be shaken a few times for the next three or four days, by which the strongly-effervescing milk wine will be ready for use. Previous to the bottling bottles and corks must be well cleansed with a solution of soda.

Another way of preparing kumys that will never cause any diarrhea and is very nutritious is as follows: Dissolve one half kilogram (one tt., four ounces) of finely-powdered milk sugar in three liters (six pints) of water; of this solution mix one liter with three liters of skimmed milk that has stood over night; to this add one half to one bottle of already-prepared kumys; then let this mixture stand in a temperature of about 21° C. (70° F.) till some carbonic-acid bubbles begin to form; then add the remaining two liters of the first sugar-of-milk solution with six liters more of well-skimmed milk, and churn the whole mass for about fifteen or twenty minutes in a new churn. After this let it stand for a day and then churn again for an hour before bottling it into well-secured champagne-bottles. These bottles must then be kept for six or eight hours longer in a temperature of 21° C. before they are removed to a cooler place.—*N. C. Med. Jour.*

PLOWING BY ELECTRICITY.—Some experiments have recently been tried with the Gramme machine of plowing by electricity in the park attached to the factory of M. Menier, Deputy, at Noisel. Several furrows were plowed at seven hundred meters distant from the motor power required to develop the current, the work of the plow being estimated at that done by two pair of oxen. The trials were made to show the possibility of causing a Fowler's plow with six shares to proceed at the speed of a meter per second; and so successful were they that M. Menier gave instructions for an experiment to be instituted on a large scale. M. Henri Menier, his son, is about to make exclusive use of electricity in all the farms on his father's estate, the most distant being situated at five kilometers from the river Marne, the fall of which is the source of motor power, and costs nothing.—*Rev. Scientifique.*

THE NUMBERS OF MEDICAL STUDENTS IN GREAT BRITAIN.—Various accounts more or less elaborate, and for the most part equally unreliable, have been published as to the numbers of students who have entered the various medical schools this year. The most which can be said with any semblance of accuracy is that the numbers are unusually large. At St. Bartholomew's nearly one hundred and sixty have entered, at Guy's nearly as many, at King's sixty, at the London about the same number of full entries, at Charing-cross forty-one; and all the other schools, with one or at most two trifling exceptions, have more pupils than usual. Various reasons have been adduced for this, one being that the present condition of trade hinders young men from seeking a career in that direction, and turns them to the professions. We doubt if they will find unbounded prosperity in any of them—perhaps least of all in ours.—*Med. Times and Gazette.*

APPRECIATIVE.—It is at all times flattering to human vanity to be spoken well of and to be welcomed, and without egotism we hope we may lay claim to a fair share of this. We were, however, scarcely prepared to receive a letter from Dr. Warner, of Michigan, U. S., stating that while traveling on the Continent this summer he came across a copy of the Medical Press and Circular, and was so impressed with its value and usefulness that immediately upon his return he determined to show his appreciation by asking us to place him on *the free list*, to mail him the journal regularly in future; and, if we would further extend our kindness, he would like all the back numbers for this year, that he might bind them. We feel flattered at our correspondent's desire to bind, but would suggest that he show his appreciation in the more practical method adopted by so many of our readers in the States, of which the International Post-office Order authorities will be glad to furnish particulars.—*Med. Press and Circular.*

THE Physiology and Psychology of the Result of the late Election in Ohio is the title of an article in the Cincinnati Lancet and Clinic, by Dr. McElroy. About its physiology and psychology we don't much care, but we are awfully sorry it went Republican.

A BOOK NOTICE.—We have just received a very pretentious work, "Hygiene and Public Health," edited by Dr. Brutz, so well known in connection with Ziemssen's Cyclopedia, and so *dear* to the subscribers. It is published by Wood & Co., New York, and Sampson, Low, Marston, Searle, and Rivington, London. We hope in a few weeks to review it.—*Med. Press and Circular.*

Selections.

Employment of Eserine in Cases of Glaucoma.—Since the close of the year 1877 eserine has been used by M. Knapp in numerous cases of glaucoma. Most satisfactory results have been obtained by him in certain cases of acute glaucoma, but in some he has found that the administration of eserine was not only useless, but even harmful. In cases of chronic glaucoma M. Knapp has never either observed or obtained satisfactory results. On the contrary in one case, of which he gives us a full account, the employment of eserine has had a harmful effect. He has taken notes also of a case of absolute glaucoma in which it has remained completely inactive. As to the employment of eserine preparatory to iridectomy, the author, though he has frequently made use of it and fully recognizes its advantages, warns us that in one case the use of this myotic engendered congestion, true inflammation of the iris. In cases of corneal fistula, in which the use of eserine has been so highly recommended, the author has found it but moderately successful.

Finally, M. Knapp, taking into consideration the series of cases of glaucoma treated with eserine by him, believes himself fully authorized in deducing from his personal experiments the following conclusions:

The cure of acute glaucoma by the use of eserine is rare, and requires a considerable period of time. Its use, however, leads to temporary amelioration, which prepares the patient for iridectomy.

In cases of subacute glaucoma eserine is of doubtful utility.

In cases of chronic glaucoma, with or without the appearance of inflammatory symptoms, the action of the eserine is either null or harmful.

In cases of glaucoma occurring in a healthy eye during the closure of the other eye (on which iridectomy has been practiced for glaucoma) eserine has no curative effect; that is to say, in those cases which have fallen under the notice of the author.

The instillation of eserine into the healthy eye for prophylactic purposes, when the other is attacked by glaucoma and awaiting iridectomy, has not been practiced by M. Knapp, who considers, however, that this method may have its utility.

The danger of engendering iritis, and that also of provoking acute attacks, should be sufficient to warn us against the immoderate use of this powerful myotic. M. Knapp instills eserine only in those cases in which the eye on which he is about to operate has the following peculiarities, which might render the operation difficult: exceptional hardness of the globe, an exceptional pupil, and considerable diminution of the anterior chamber.—*Medical Press and Circular.*

Removal of Glands of Axilla with Tumors of the Breast.—Lecturing at La Pitié on a case of amputation of the breast, Prof. Verneuil observed that sometimes the indurated glands extend very far under the pectoralis, where it would be difficult, as in this case, to follow them. He therefore made at the anterior edge of the axilla a section of the pectoralis major by means of the linear écraseur, thus rendering the search for the glands much easier. In this way this thick muscle was divided without giving rise to any bleeding, and the search was easily pursued. These glands, excepting those situated at its outer border, are chiefly situated along the vessels, and especially along the axillary veins in the deeper-seated regions. It is especially in removing these deep-seated glands that we have to fear hemorrhage from the axillary vein—hemorrhage which is easily and rapidly produced on the slightest detachment of the glands, even when the use of a bistouary is abstained from. It is not the vein itself which is wounded, but every gland is connected with this by means of a short venous branch with a relatively large caliber. On detaching the glands by the fingers or a blunt instrument this vein of the ganglion becomes torn, and bleeding is produced, owing to the absence of valves, just as if the principal trunk were injured. It is impossible to find this little branch to tie it; and the ligature of the axillary vein should be practised at two points, as bleeding takes place at both ends of the divided vessel. Difficult as this proved in this case, it would have been infinitely more so if it had to be done under the great pectoral in a wound inundated with the blood. The operation is therefore greatly facilitated by the previous division of the muscle.—*Gazette des Hopitaux.*

Sanitary Science and Preventive Medicine. Dr. Alfred Carpenter, in an address on this subject, sums up his conclusions thus: 1. The particulate nature of contagia; 2. The necessity for motion of sewage and all excreta; 3. That there must be no direct communication between the sewers and the interior of the house; 4. That sewers must be freely ventilated; 5. That sewage must be utilized the moment motion ceases; 6. That sewers and water-services must be completely separated, so that interchange should be absolutely impossible; 7. That the individual house is the unit of sanitary work; 8. That the individual case is the unit of suppression.

Hoarseness—Borax and Nitrate of Potassium.—These two salts have been employed with advantage in cases of hoarseness and aphonia occurring suddenly from the action of cold. The remedy is recommended to singers and orators whose voices suddenly become lost, but which by these means can be recovered almost instantly. A piece of borax the size of a pea is to be dissolved in the mouth about ten minutes before singing or speaking. The remedy provokes an abundant secretion of saliva, which moistens the mouth and throat. This local action of the borax should be aided by an equal dose of nitrate of potassium, taken in warm solution before going to bed.—*La France Médicale.*

Lemon-juice for Hypertrophied Tonsils.—Saint Germain has found lemon-juice a very simple and efficacious remedy for the suppression of hypertrophied tonsils. In young subjects he pencils the tonsils with lemon-juice twice a day. A cure is usually obtained in two weeks. He does not consider more heroic treatment justifiable till this remedy has failed.—*Revue de Therapeutique.*

[Sucking the lemons would do as well.]

Rust is readily removed from white goods by soaking the stains in a weak solution of tin chloride, and rinsing immediately with much water. The tin salt is more reliable in removing iron rust, and quicker in its action than oxalic acid, unless the stains are soaked in a solution of the latter contained in a tin spoon, when the stains disappear in a shorter time.—*Pharm. Centralb.*